

## Case study:

### Healing of post-op incisional dehiscence in a patient with advanced comorbidities

**Patient:** A 72-year-old male with diabetes, hypertension, dyslipidemia, multiple previous foot infections who underwent partial 2nd ray amputation for osteomyelitis.

**Wound and previous treatment:** By post-op day 14, the incision had dehisced in the interspace due to early ambulation.

NPWT was applied and then discontinued due to maceration.

#### **Enluxtra treatment:**

##### **Week 0.**

- Dehisced wound was assessed on post-op day 18 after 4 days of NPWT. Sutures were intact.
- Maceration was observed on periwound and lateral toes.
- A decision was made to start the self-adaptive treatment with gauze applied directly onto wound bed.



**Week 1.**

- After 1 self-adaptive dressing application clinical improvement was observed.
- There was less maceration and all of the discharged exudate was absorbed by the dressing.
- It was decided to continue weekly re-applications.



**Week 3.**

- Wound has started to close after 3 weeks of self-adaptive dressing treatment.
- Continued clinical improvement was noted in and around the wound.



**Week 9.**

- The wound was completely closed and healed.



**Week 12.**

- At the follow-up appointment it was noted that the wound continues to be closed and the surrounding skin appears healthy.



Reference:

**Gary M. Rothenberg, DPM, CDE, CWS, Miami VA Healthcare System, Miami, FL**